

BERKHEIMER TAX ADMINISTRATOR  
50 North Seventh Street  
Bangor, Pennsylvania 18013  
(610) 599-3141

VOLUNTARY STATEMENT OF FINANCIAL STATUS  
In support of  
REQUEST FOR DEFERMENT OF PER CAPITA TAX PAYMENT FOR SAUCON VALLEY  
SCHOOL DISTRICT  
July 1, 2009 to June 30, 2010

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Present Occupation \_\_\_\_\_ Previous Occupation \_\_\_\_\_  
Present Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_

Present Total Annual Income \$ \_\_\_\_\_ is received from the following:

Wages: \_\_\_\_\_ Social Security Income: \_\_\_\_\_ Other: \_\_\_\_\_

List Other Income Sources: \_\_\_\_\_

Present Age: \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

I request deferment of payment of my Per Capita taxes for the 2009-2010 school year.

Note: "Any single individual eighteen (18) years of age and older, with a total income of ten thousand (\$10,000) dollars or less, or a married couple with a total combined income of twenty thousand (\$20,000) dollars or less be exonerated from the payment of the Per Capita Tax under Act 511 and under School Code Section 679."

This application exonerates any person eighteen (18) years of age and older from the payment of Per Capita taxes for the 2009-2010 school year only. In order to be eligible for exoneration, **an application must be completed every year.**

**Documentation must be attached to the application before board approval:**

1. A copy of a prior year's federal income tax return, or if a federal return was not required to be filed, copies of social security, disability or other non-taxable income statements

**OR**

2. A copy of proof of attendance or registration to college or school as a full time student for the current year.

I/We agree to notify the Berkheimer Tax Administrator in the event of any change in my/our financial status, making me/us ineligible for tax deferment.

I/We declare under penalties of perjury, that the above statements are true and correct to the best of my/our information and belief.

ACCT NO. \_\_\_\_\_ Mr. Mrs. Ms. \_\_\_\_\_  
\*Signature

SS NO. \_\_\_\_\_  
Please attach Per Capita Bill(s) to this form \*Signature

\*If couple applies for exoneration, two (2) signatures will be required.

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT: FILL IN THIS FORM COMPLETELY**  
**THIS FORM MUST BE RECEIVED BY THE BERKHEIMER TAX ADMINISTRATOR ON OR BEFORE**  
**APRIL 1, 2010**